

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2012 MAR 26 AM 10:12  
Office Use Only  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Health PAL

ADDRESS (number and street)

220 Fairmount Ave NE

☐

(Check if address  
is changed)

Warren

OH

44483

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

chris@healthpalpac.com

☐

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.healthpalpac.com

☐

(Check if address  
is changed)

2. DATE

03 / 20 / 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

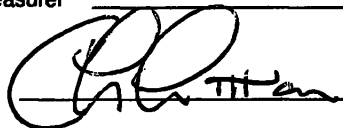
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Chris L. Litton

Signature of Treasurer



Date

03 / 20 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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